



**Application for Reinstatement
Following Administrative Dissolution/Revocation**

This application is submitted to the Office of Secretary of State of Mississippi for Reinstatement.

1. Name of Corporation

2. Federal Tax ID number

3. Corporate ID number

4. Date of Administrative Dissolution/Revocation

5. The grounds for Dissolution/Revocation ☐ **did not exist or** ☐ **have been eliminated.**
(Complete and mark appropriate box)

6. The corporate name satisfies the requirements of the Mississippi Business Corporation Act.

Note: Certification from the Mississippi State Tax Commission stating that all taxes owed by the corporation have been paid must accompany this application.

This application must be executed in the name of the corporation by the chairman of the board of directors, the president or another of the officers.

By: Signature

(Please keep writing within blocks)

Printed Name

Title

Date

Filing Fee \$50.00 for Domestic Corporations

Filing Fee \$100.00 for Foreign Corporations



Request for Certification

1. Name of Corporation

2. Street Address

City, State, ZIP5, ZIP4

3. Incorporated in the State of

4. Federal Tax ID Number

This is to request certification from the Mississippi State Tax Commission that all taxes owed by this corporation have been paid.

Name of Corporation

By: Signature

(Please keep writing within blocks)

Printed Name

Title

Please send this form directly to:

MISSISSIPPI STATE TAX COMMISSION

PO BOX 1033

JACKSON, MS 39215